

## RECEIVED

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MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

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Phone: 207-287-4179 Fax: 207-287-6775

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR INFORMATION			
Name Christine R. Sa	1	Member of: ☐ House      Senate		
Christine R. S. Mailing address 504 Barrett J. City, zip code Union 0486	Lill Rd	District 22		
City, zip code Union 0486	22 Phone 785-4632			
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY ANO	THER		
List the name and address of each employed principal type of economic activity of each em	er from whom you received compensation aployer.	of \$1,000 or more. Specify the		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
MA	. The state of the			
	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)			
A. List the name and address of your busing derived income. If associated with a partner areas of economic activity of that entity.	ness, if any, and list the major areas of e	conomic activity from which yo lar business entity, list the majo		
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)		
ddress: N/A	in entities and make a manage analysis of a consequent	The second secon		
CONTRACTOR	A TAX COMMAND AND THE PROPERTY OF THE PARTY	man of the contract of the con		
lame:				

PART 2 (continued). INCOME DERIVED F (For Legislators who are self-e		YMENT
B. List each source of income derived from self-employment that represents is greater, and specify the principal type of economic activity of the entity or p disclosure is prohibited by law, rule, or an established code of professional e the entity or person from whom the income was derived.	person from whom you	derived such income. If this form of principal type of economic activity of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address;		
Name: Address:		
PART 3. MAJOR AREAS O (For Legislators who are attorney:	The state of the s	
List your major areas of practice. If associated with a law firm, list the major	areas of practice of you	r firm.
Name and Address of Firm	Major Areas of Pra (self)	ctice Major Areas of Practice (firm)
Name: Address: N/A		
Name: Address:	2. 74	
PART 4. OTHER SOURCES		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of t	his form. Do not include	e gitts. If none, check the box.
None		
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: M5R5 augusta		Renceon
Address: Soc. Sec.	.*	Pension Pension anniety
Name: M5R5 Augustu  Address: Soc. Sec.  Prudential Ins. C.  Valia		anniety
Address: Canada National Lank		innertments
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that y areas of economic activity of each creditor. Do not list loans from a relative.	ou received during the	
X None		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
PART 6. REPORTABLI	1344 - 1485 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - 1	
List the specific source of each gift of more than \$300. Include gifts with an a none, check the box	aggregate value of more	e than \$300 from a single source. If
None	nigo włosko ( m. 1888) opisional sy zwy in miero s	The second secon
Name of Source of Gift	Name of	Source of Gift
1.		•
2. 4.	Lines the real analysis was the times substantial and an	and the second second section of the second

# 1		<u></u>			
PART 7. REPORT					
List the source of any honoraria accepted for appearances or speed	cnes rela	itea to y	our of	ficial duties. If none, check the	e box.
Name of Source of Honoraria	in singina	٠			5 WW. Warden and S. V.
The second secon	-		restro N	lame of Source of Honoraria	A MARKATSHALL AND
1.	3.				
2.	4.				romanggeren verg († 17. j.
PART 8. REPRESENTATION	N BEFO	RE ST	ATE	AGENCIES	
List each executive branch agency before which you represented the box.	or assist	ed othe	ers for	compensation of any amount	. If none, check
None	TOWN YOU THE AND ADDRESS OF THE PARTY OF THE		C-14.	And the second s	enterent (* 19. in 18.
Name of Agency	TOTAL SERVICE	*** **********************************		Name of Agency	estantina e
1.	3.	econocio e estato de la constitución de la constitu			ti tarkettiiniiniin eliminiminin tareettaa para 1995 ta kii seemee een kaasaa kaasaa ka ka ka ka ka ka ka ka k
2.	4.		anni ann a Anni an agus agus agus agus agus agus agus agus	The A	<u></u>
PART 9. BUSINESS W	ITH ST	ATE A	GEN	CIES	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
List each executive branch agency to which you or a member of yo \$1,000 during the reporting period. If none, check the box.				way . 30 - 40 June .	lue in excess of
⊠ None	YY-2007-2004-0	706cm+	**************************************		
Name of Agency				Name of Agency	
1,	3.				
2.	4.				
PART 10. INCOME RECEIVED BY	MEMBE	RS O	FIMM	IEDIATE FAMILY	
List the type of economic activity representing each source of inco (ren) during the reporting period and the kind of income represented "D" for income received by dependents.	me of \$1	1,000 o	r more	received by your spouse or	dependent child ed by spouse or
Type of Economic Activity Representing Source of Income Recei	ved	Cir appro Let	priate	Kind of Incom	e
1. N/A	recovery constituted from the state of	S	D	ngir na tao na diseasa dada an makantan sa sa sa sa diseasa sa	Samuel Samuel Americanski Salakuski ali asa sa saka Alaakuski
2.		s	Þ		1 C-1 (A)
3.		S	D		**************************************
4.	W	s	D		entranto un la Villaggia policida de mante conservor en entranta projeta.
SIGNA	TURE	ioray. ¥ vix			
A Legislator who willfully fails to file a required statement is su (1 M.R.S.A. § 1017-A)	bject to	a fine	of \$1	0 per business day until the	report is filed.
The intentional filing of a false statement is a Class E crime. If	the Con	amissia	າກ ຄວາ	actudes that it appears that a	المستعملين

crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Christine R. Sausge Signature

1/29/08

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	Please provide information you	any additional are providing.	information be	low (and on	additional	sheets if	needed).	Indicate	the part or s	section numbe	r for the
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